

UNITED STATES DISTRICT COURT

District of

ALASKA

BRENNA RANDALLRIORDAN-RATH,

SUMMONS IN A CIVIL ACTION

V.

GOVERNMENT EMPLOYEES INSURANCE  
COMPANY D/B/A GEICO

CASE NUMBER: 3:08-cv-00043-TMB

TO: (Name and address of Defendant)

Government Employees Insurance Company d/b/a GEICO  
c/o Linda S. Hall, Director  
State of Alaska, Division of Insurance  
PO Box 110805  
Juneau, AK 99811

**YOU ARE HEREBY SUMMONED** and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Jeff Barber  
BARBER & SIMS, LLC  
821 N Street, Suite 103  
Anchorage, AK 99501

an answer to the complaint which is served on you with this summons, within twenty (20) days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

IDA ROMACK


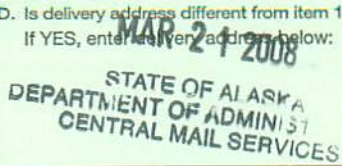
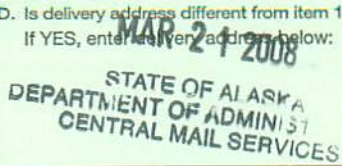
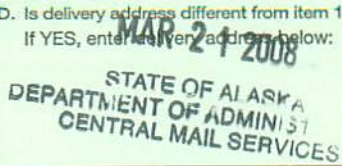
CLERK

(By) DEPUTY CLERK

DATE

3/14/08

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE								
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE 3/21/2008							
NAME OF SERVER (PRINT) Angela C. Miller	TITLE Paralegal for Barber & Sims, LLC							
<i>Check one box below to indicate appropriate method of service</i>								
<input checked="" type="checkbox"/> Served personally upon the defendant. Place where served: Defendant was served with copies of the Summons and Complaint, by certified return receipt mail delivery upon its agent authorized by law to receive service of process, AS 21.09.180-190. <input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:  <input type="checkbox"/> Returned unexecuted:  <input checked="" type="checkbox"/> Other (specify): A copy of the green card and Linda S. Hall's Certificate of Service are attached hereto.								
STATEMENT OF SERVICE FEES								
TRAVEL	SERVICES \$32.13	TOTAL \$32.13						
DECLARATION OF SERVER								
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.								
Executed on	3/24/2008 Date	 Signature of Server						
821 N Street, Suite 103, Anchorage, AK 99501 Address of Server								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">SENDER: COMPLETE THIS SECTION</th> <th style="width: 50%; padding: 5px;">COMPLETE THIS SECTION ON DELIVERY</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px; vertical-align: top;"> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> </td> <td style="padding: 5px; vertical-align: top;"> <div style="margin-bottom: 10px;">           A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div> <div style="margin-bottom: 10px;">           B. Received by (Printed Name)           <div style="float: right;">C. Date of Delivery</div> </div> <div style="margin-bottom: 10px;">           D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No         </div> <div style="text-align: center; margin-bottom: 10px;">  </div> <div style="margin-bottom: 10px;">           3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </div> <div style="margin-bottom: 10px;">           4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes         </div> </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;">           1. Article Addressed to:             Linda Hall, Director            St of AK, Div. of Insurance            PO Box 110805            Juneau, AK 99811         </td> <td style="padding: 5px; vertical-align: top;">           2. Article Number            (Transfer from service label)         </td> </tr> </tbody> </table>			SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<div style="margin-bottom: 10px;">           A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div> <div style="margin-bottom: 10px;">           B. Received by (Printed Name)           <div style="float: right;">C. Date of Delivery</div> </div> <div style="margin-bottom: 10px;">           D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No         </div> <div style="text-align: center; margin-bottom: 10px;">  </div> <div style="margin-bottom: 10px;">           3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </div> <div style="margin-bottom: 10px;">           4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes         </div>	1. Article Addressed to:  Linda Hall, Director St of AK, Div. of Insurance PO Box 110805 Juneau, AK 99811	2. Article Number (Transfer from service label)
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(1) As to who may see:								

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF INSURANCE  
JUNEAU, ALASKA

RECEIVED

MAR 24 2008

LAW OFFICE  
BARBER & SIMS, LLC

CERTIFICATE OF SERVICE

I, Linda S. Hall, Director of Insurance, certify that I have been served with the attached document(s): SUMMONS IN CIVIL ACTION, COMPLAINT AND ATTACHED EXHIBITS IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF ALASKA,

BRENNA RANDALLIORDAN-RATH

VS

GOVERNMENT EMPLOYEES INSURANCE COMPANY D/B/A GEICO,

CASE NO. 3:08-CV-00043-TMB

and that I have accepted, on your behalf, the above service, as received through the U.S. Mail in Juneau, Alaska, on the 21<sup>ST</sup> DAY OF MARCH, 2008.

In accordance with the provisions of AS 21.09.180-190, one copy of the document together with my certification is forwarded to you:

GOVERNMENT EMPLOYEES INSURANCE COMPANY,

at your address on file in this office, via certified mail, return receipt requested.

Do not file your answer or response with this office. Direct your questions or response to the court, attorney, or party whose name and address appear on the document served.



Linda S. Hall  
Director

Service of Process Section  
Division of Insurance  
P.O. Box 110805  
Juneau, AK 99811-0805  
Catherine Watson  
Phone (907) 465-2515



IN TESTIMONY WHEREOF  
I have hereunto set my  
hand and affixed my  
official seal, at  
Juneau, Alaska this  
21<sup>ST</sup> MARCH, 2008.